DOCUMENT RESUME

ED 285 638 PS 016 324

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TITLE A Paediatrician Looks at Traditional Approaches to Emotional Development in Preschool and Primary Years. Foundation for Child and Youth Studies Selected Papers Number 46.
INSTITUTION Foundation for Child and Youth Studies, Kensington (Australia).
PUB DATE 86
NOTE 14p.
PUB TYPE Viewpoints (120)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Elementary Education; *Elementary School Students; *Emotional Development; Emotional Experience; Foreign Countries; *Infants; *Preschool Children; *Toddlers
IDENTIFIERS *Erikson (Erik); *Psychosocial Development

ABSTRACT

This discussion of the emotional development of young children is structured upon Erik Erikson's schemata of psycho-social development. Stage 1, which involves trust versus mistrust, includes references to Erikson's theory and the work of Melanie Klein, Berry Brazelton, Stella Chess and Alexander Thomas, John Bowlby, Anthony Stevens, and D. W. Winnicott. Stage 2, which covers autonomy versus shame and doubt, emphasizes the intensity of toddlers' feelings. There is a brief discussion of the emotional consequences of toilet training that is too early and too rigid on the acquisition of a self rooted in self-trust. Stage 3, which deals with initiative versus guilt, discusses antecedents of these feelings, children's invention of imaginary companions, and children's experiences of anxiety, fears, and phobias during the toddler and preschool years. Stage 4, which focuses on the development of industry versus inferiority during the primary school years, stresses the importance of parental love in helping children meet the challenges of school life and in dealing with the strange methods children devise to attract attention. It is concluded that each person adapts and adjusts to his or her environment in accordance with innate abilities, personal style, and the help of parents, siblings, teachers, and friends. (RH)

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Selected Papers

Number 46

Foundation for Child and Youth Studies

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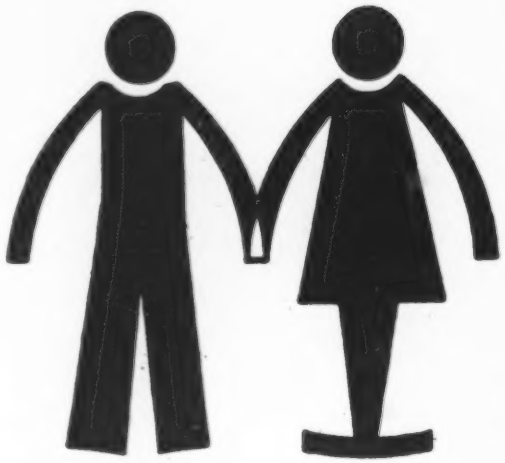

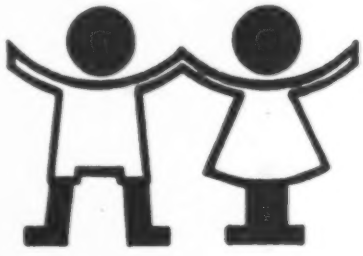

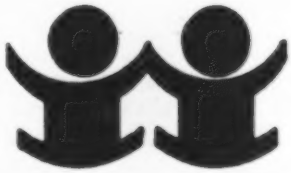

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A PAEDIATRICIAN LOOKS AT TRADITIONAL APPROACHES TO EMOTIONAL DEVELOPMENT IN PRESCHOOL AND PRIMARY YEARS

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ISSN 0727-6834

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A PAEDIATRICIAN LOOKS AT TRADITIONAL APPROACHES TO EMOTIONAL DEVELOPMENT IN PRESCHOOL AND PRIMARY YEARS

Dr Susi Erika Phillips, Consulting Paediatrician

The emotional development of children is a vast subject and one which cannot be treated didactically. An enormous literature exists to which there are constant additions. I feel that, at best, one can consider basic theories which have been put forward and shall start with those of Sigmund Freud and some of those who followed and those who deviated from him. I shall pay attention to some of the Neo-Freudians such as Karen Horney (1976) and Melanie Klein (1932), but mostly to Erik Erikson (1965 & 1968).

I shall also deal with some of the work of John Bowlby (1965 & 1979) who raised our consciousness to the importance of the "continuous warm and trusting relationship of the baby to one care-taker", I shall mention Dr. Winnicott who gave us the concept of the "good-enough mother" and the "transitional object" (1964). And then there are Stella Chess and Alexander Thomas who postulated that each baby enters the world with a "style" of it's own which remains constant throughout life. They also emphasize the importance of quality of the parent/child relationship over its quantity (1976). There is Berry Brazelton who observed and recorded the newborn infant's impact on the environment and its effect on the infant in turn (1984).

As a skeleton for my exposition I am going to use the concept of Erik Erikson called "Life Cycle" or "The Eight Ages of Man" and base the development of the child's emotional growth on these schemata (Appendix I). Erikson charted a scheme of psycho-social development based on Freud's psycho-sexual theories. He expanded and enlarged the range into adulthood and imposed a strong bias in favour of the influence of the social environment on the development personality of the child.

According to Freud the battle is fought and won or lost by the time the child enters latency at about six or seven years of age when the Oedipus complex has been resolved and the Superego established.

Erikson's vision is the step-by-step formation of the personality as an Identity is achieved in accordance with the sex, race and social setting appropriate to the person.

The purpose of the Schemata was in Erikson's words: "to bridge the gap between the theory of infantile sexuality and our knowledge of the child's physical and social growth" (1968).

STAGE I - TRUST VERSUS MISTRUST

Erikson postulated that "a sense of basic trust is the corner-stone of the vital personality" (1968). A trust in oneself as well as in the world as derived from experience of the first year of life.

The newborn infant separated from the mother's body is able, more or less, to take in nourishment by mouth. The mother is more or less able to meet the baby's need. At this early period the baby lives and loves through the mouth and the mother gives through her breasts. Erikson thinks that this is quite a complicated accomplishment for the mother and depends on how she fared during the pregnancy, the birth and also her own and her community's attitude to the nursing and caring for infants. The baby, of course, takes in with eyes, ears

and the sense of touch as well as orally and is thus in an overall receiving stage of development. If all goes well, the baby gets what it needs and in turn becomes a giver. But even if things go wrong there are always chances afforded to make up for this later.

Erikson describes a second oral stage when teeth appear and with them the danger of biting the breast. There is not only a more violent drive to incorporate and appropriate, but also tensions associated with discomfort of teething and the abrupt withdrawal of the breast when mother is bitten.

Melanie Klein

It is this stage of development to which Melanie Klein(1932), one of the Post-Freudians of the British School, drew particular attention. She described the young infant's world peopled with good and bad objects, depending on whether the baby derived pain or pleasure from them. The baby thus endows the breast with good or bad characteristics and either loves or hates it. The sensation of hunger was described by Klein as an "unbearable tension" which overwhelmed the baby. The love and hate for the breast is later associated with the person of the mother and these feelings projected upon her, leading in turn to her being feared and hated. In this philosophy, Klein placed great emphasis on the emotional climate existing during the oral phase of psycho-sexual development when the battle between the need to love and be loved and the tensions of destructive feelings are fought.

In fact, we know that this period can be stressful, even if the three-months colic has been negotiated successfully, it is followed by the more or less painful eruption of teeth.

But if all goes well, food and nurture is forthcoming the baby learns to trust that the world is a giving and rewarding place, even if there are dangers lurking which cause mistrust. The baby is always vulnerable, but this very vulnerability is also a form of strength and power. "By its very presence a baby exerts a consistent and persistent domination over the outer and inner lives of every member of a household. These people themselves growing in stature as a result, both as individuals and as a group." (Erikson, 1968)

Berry Brazelton

This effect of the newborn on the environment has been documented by Dr Berry Brazelton, an American paediatrician (1984). He is the author of the widely used Behaviour Assessment Scale for the Assessment of Neonates. This scale deals, among other things, with the state of alertness and the baby's responses to a variety of stimuli. One of the items, No. 37 (Appendix II) seems to be particularly revealing as it deals with the effect of the baby's demeanor upon the examiner and by extrapolation, the effect it may have on its caretaker and, in turn, the caretaker's attitude to the baby.

Stella Chess

The baby's appearance as a newborn or his/her behaviour may or may not be appealing to the parents. According to Stella Chess and Alexander Thomas, babies are born with certain fixed characteristics which they call "style", which stays with the child for the rest of his/her life (1976). This style may or may not be what the parents hoped for and make the process of bonding of parent to child difficult. The infant may be one of those selfsufficient babies who go to sleep straight after a feed or who fail to nestle into mother's shoulder when she wants to cuddle the child. A parent may feel that this baby is

rejecting them and reject the baby in turn, if only in a covert manner.

Bonding and Attachment and John Bowlby

The theories of bonding of mother to infant and attachment of infant to mother or caretaker have received much critical attention, although it seems appropriate that mother and baby form a loving couple and father and other members of the family in their turn offer the baby their love and support.

In the nineteen forties, at this Centre, Dr. John Bowlby suggested ways of improving the care to motherless children in institutions, and propounded the theory of the need of every child to experience a warm, intimate and continuous relationship with the mother or a permanent mother substitute, in which both find satisfaction and enjoyment . He also stated that a strong causal relationship existed between an individual's early experience with the parents and later capacity to give and accept affection, i.e. to love and be loved (1965).

Anthony Stevens

The process of attachment was observed by a London psychiatrist, Dr Anthony Stevens in a centre for unwanted babies in the vicinity of Athens in 1966. This research was reported in an article in *Clinics in Developmental Medicine* under the title: "Attachment and the Art of Staying in One Piece" (1982).

The Centre was called the Metera Baby Centre (metera being modern Greek for mother). The guiding principle of the institution was that each child should have a mother substitute with whom to share a warm and continuous relationship (a la Bowlby). The English matron in charge of the Centre was a firm believer in this principle and in the methods adopted to follow it.

There were one hundred children in residence and 35 trained and 60 student nurses in attendance. Accommodation was arranged in 8 pavillions, each divided into 4 cubicles or "boxes". Each box housed 3 babies, one trained Mother-nurse and 2 trainee nurses. This was to replicate a typical Greek household with mother, grandmother and elder sister all responsible for taking care of the new baby, but with mother as the principle caretaker. (Fathers are not mentioned, probably not playing a vital role in the care of babies in Greece.)

The matron was highly committed to the "box" system, but the only time it truly functioned was the time of day when she did her rounds. At all other times a form of "maternal communism" reigned in which nursing labour was shared "to each according to their need and from each according to their ability". In fact, Dr Stevens reports "these infants were receiving mothering on an unprecedented scale. Any nurse at any time attended to the infant who needed something done". During the twelve months of these observations, every child was, on an average, fed by 12 different nurses, bathed by 7, changed by 15, put to bed by 10 and lifted again by 10 different nurses. According to behaviourist theories, these infants should have formed multiple attachments in a hierarchical order, top of the hierarchy being those nurses with whom the infant had most frequent contact and who procured most physical comfort for the baby. But this was not the case. Dr Stevens selected 24 children aged three months and over and observed their daily progress. Within six months it became obvious that three quarters of these children became specifically attached to one nurse who was unequivocally preferred. It was found, moreover, that the preferred nurse had done very little for the baby in the way of routine caretaking. However, once the attachment became manifest, this nurse would do more for the child and reciprocate the attachment. Often this was necessary as the child would, in fact, refuse attention from anyone else.

This pairing off was much more linked to play, physical contact and social interaction than to feeding and other routine procedures. It was, Dr Stevens avers "more like falling in love". Thus, by the age of eight to nine months these babies had formed specific attachments about the same time as children in family situations begin to prefer the mother and display stranger-anxiety.

These rather neat observations confirm much of what had been postulated: the baby attaches to one person, the caretaker reciprocates. Attachment is not learned but an act of choice. This piece of research serves also to illustrate how babies respond to social stimulation and how important this is to their development.

There is a story about a young mother observing how her husband with cold efficiency changes their son's napkin. She gentlyupbraids him. "You don't have to be so grim about this procedure, you can smile and talk to him", to which the young father replies, "He has nothing to say to me and I have nothing to say to him". Contrast that with a poem which recently appeared in the Sydney Morning Herald called "Sonnet to My Son" by Jonathon M. Clark:

> The first time I saw Dean,
> he was flying,
> Held by hands I could not see,
> he was blue
> As my jeans after a fresh dying.
> Krishna blue, born Buddah chubby, causes
> I put down to Karma like his home, like
> Life, like Suzanne.
>
> He landed on something,
> her belly and I thought "You ocka tyke".
> I've made an aborigine", Nothing
> could have been more usual: then we burst
> Into light, a bright milk-pooh yellow: time
> Fled at our mime, none of your palaver,
> Wordless like beacons slashing the night, first
> Our beams met "Hallo Dean" I said "I'm so glad you
> chose me to be your father".

I think Dean has a better chance of developing a healthy psyche, having been welcomed by both parents as a person from the moment of his arrival, than the aforementioned little boy. However, it seemed that his mother knew and understood his needs and would, in time, have educated the father to them.

D W Winnicott

Winnicott described the infant's transition from being one with the breast (or mother) to the concept of being "me" and "not me"(1964). This process creates anxiety against which the baby defends by adopting the "transitional object" a compromise between the use of fist or thumb in the mouth and soft raggedy cloth or toy to clutch. The other famous concept Winnicott has bequeathed us, the "good enough mother", who is not necessarily the child's own mother, is the person who can actively adapt to the infant's needs and can gradually allow the baby to learn to tolerate frustration. Because frustration there will be, irrespective of whether the baby is fed on demand or a regular schedule, there are times when hunger and bodily discomfort occur and times when mother is unable to attend immediately to the crying infant. Some babies like having their clothes removed, some hate it, still it needs to be done. And there is always bedtime and the removal from the family which is resented and feared.

The transitional object, the security blanket or the battered teddy or transitional phenomena like vocalizing, rocking or hairtwisting then perform their function of comforting the infant and allaying distress.

STAGE II - AUTONOMY VERSUS SHAME AND DOUBT

In the years of toddlerhood between the ages of one and three, Erikson, postulates that a degree of autonomy is achieved and this is certainly how the toddler perceives it. The child is intensively physically active, becoming mobile by either crawling or bottom-shuffling and eventually walking. This widens horizons and furthers exploration, also landing the toddlers in lots of trouble. They are curious and enterprising beings and their surroundings have to be made safe for them. Toddlers are clinging and wandering at the same time, venturing forth in ever widening circles from mother or father, but needing to reassure themselves that the adult is never far out of reach.

The increasing mobility of the toddler carries certain dangers which result in many negative commands being issued: "No, don't touch", "No, don't go there", "No, you can't have that". It is not surprising, therefore, that the first word some of these small children utter is "No". The constant frustration suffered, particularly in exciting surroundings such as supermarkets, where everything beckons and nothing is allowed, inevitably leads to anger and results in temper-tantrums.

I have come to conclude that most adults think that the strength of children's feelings must be in direct proportion to their size, when the opposite is true. The young child's emotions are intense and often overwhelming. Lacking the neccessary width of language or the physical power to express their feelings, it is little wonder that resort is had to tantrums or even breath-holding episodes. If speech is present the explosive "I hate you" is meant, as are all the destructive wishes which go with an outburst like that. It is, however, a fortunate toddler who can allow him or herself the luxury of thus expressing the misery felt. It requires great insight and tolerance on the part of the object of this wrath to accept the child's right to be angry and to deal with the issues involved dispassionately and compassionately.

One of the bones of contention in the age-group of two to three years is toilet-training. Control of anal and urethral sphincters is gained about this time and it is, therefore, apt to begin to attempt toilet-training, allowing for the preparedness of the child to be co-operative in this venture. The surrender of the bowel contents, in particular, can be perceived as of giving or of letting go, while retention can be seen as an act of defiance. It can become an act of withholding something from the caretaker which is greatly desired. This battle over faeces is considered to affect the toddler's personality development by the Freudians, hence this period is by them referred to as the Anal Phase.

Too early and too rigid methods of training can lead to regressive behaviour and to continued soiling and wetting into later childhood. When this is not due to physiological dysfunction, persistent faecal soiling is considered an expression of aggression against the parent, not a very healthy way of saying "I am angry and I hate you".

In this and other ways, the child is shamed by the inability to live up to his/her own expectations and those of the society in which he or she is growing up. In Erikson's terms, the acquisition of an identity depends on the early gaining of trust in the self, in the absence of doubt and that of shame. Erikson says somewhere that shame has never been properly studied and understood. I would like to quote from Italo Calvino's short story "Father to Son" because he understood it:

"That shame had been with him all his life, made him resent every look, every laugh and it had all been his father's fault; what had he ever inherited from him, but squalor, stupidity, the clumsy movements of his lanky body? He hated his father, he suddenly realized, for the shame he had made him feel as a boy, for the shame and squalor of his whole life. And now a fear was coming over him that his own children would be ashamed of him as he was of his father, and look at him one day with the same hatred he had in his eyes now". (1980)

STAGE III - The Phallic Phase or Initiative versus Guilt

Towards the end of the third year the child explores new worlds. Movements are free and vigorous, language is developing fast and Erikson postulates that this language plus locomotion leads to expanding imagination and thus, creates the sense of initiative. Language is used in long monologues during solitary play and to ask endless questions. Swearwords and lavatory language appear and are tried out for effect, the greater the consternation produced, the more powerful the word, the more often it will be used.

It is the time for entry into preschool and later school with all the terror and excitement of new experiences involved. The child sees him or herself in many roles: offspring, sibling, student and member of a peer group. Comparisons are made about size, sex and age with parents, siblings and now with peers. And, according to Freud, this is the age at which children of both sexes have sexual fantasies about their parents. The guilty feelings and fears which children experience because of these preoccupations are said to result in the development of their conscience or Superego.

It is also maintained that fear of castration in the boy and penis envy in the girl accompany these events. This is roughly the theory of the Oedipus Complex, which has been widely attacked on the grounds of lack of proof and universality, but mostly because it encompasses anti-female ideas.

Karen Horney, (1976) an early follower and later dissident of the Freudian school, explained that these concepts were formulated by a male, albeit a genius, but one for whom it was impossible to throw off the limitations imposed upon him by his own environment. Horney pointed out that it is not so much envy of the penis, as of the power and influence which men wield and that there is reciprocal envy of the female's breasts and her ability to have children. See Leopold Bloom in Ulysses: "Oh, I want to be a mother".

However, in paediatric practice one finds parents reporting the five-to-six-years-old boy's sudden intense need to get close to his mother, wanting to be in bed with her and adopting a truculent attitude towards the father. It is as if he were using one of the ego's defence mechanisms of projecting unto the father his own hostile intent. Was the little boy who told me that he was going to be a surgeon, so he could repair his father after he had been smashed up not solving his Oedipal conflict?

The Imaginary Companion

The preschool child begins to entertain abstract ideas which are expressed in make-believe play, in dressing up and the invention of people and objects. The imaginary companion may make its appearance now. The father of one of my young patients related that his daughter had a companion who was called "Orrible, Orrible". Typically, O.O. carried the burden of all that was unacceptable to her in her own personality. She developed particularly high standards of behaviour for herself and at the age of seven, when the imaginary Orrible was no longer about, she presented with abdominal pains, and occasional nausea and vomiting

for which no physical cause could be found. In fact, this child was being mercilessly teased and tormented by her brothers, against whom she harboured murderous wishes, which she was quite unable to admit to herself, and which, presumably, caused her to inflict pain on herself in expiation.

Anxiety, Fears and Phobias

During the toddler and pre-school years, fears and phobias become evident. They arise out of the child's feelings of insecurity, of anger and frustration. They are often expressed in nightmares and sometimes as night-terrors. The difference being that nightmares are recountable, while terrors are nameless and their contents are not remembered.

The difference between a fear and a phobia is that a fear usually has a basis in facts and is rational, while phobias, although based originally on a frightening incident, exaggerate the significance of the event and perpetuate the state of fear irrationally. Fears of dogs are fairly common in children, but a child with a dog phobia will cry when coming across the picture of a dog in a book.

Fears of new and unfamiliar things, of strange noises or persons, are observed even in the first year of life and are demonstrated by the eight to nine months old baby who refuses to have anything to do with friendly adults not belonging to the close family. There is mistrust of new tastes or changes in the consistency of food. Fear of the noise made by the vacuum cleaner and other buzzing household appliances is often severe and parents have asked me if something is wrong with the child's hearing for such a marked reaction to occur. If these early signs of fear can be dealt with in a patient wait-and-see attitude by the parent, the child will learn, sooner or later, that these experiences can be tolerated and some can be fun.

All children feel anxious at times: fear of falling, of being hurt, is a useful protective device, even the fear of the unfamiliar has its use in making a child cautious. And bravery is only present in the presence of fear. However, there is another aspect to the uses of fear and this is manipulation: a small boy in my practice was present at a fire in the family flat caused by a curtain being set alight accidentally. He developed an unreasonable fear of flames and cried each time his mother lit the gas to cook the evening meal. His grandmother or mother had to comfort the child, while the other woman prepared the meal. It was a useful device for getting attention at a busy time of day when there was not really time available for him.

But there are dark forces at work within us. The angry feelings, the destructive wishes come to haunt us and lurk as monsters in the dark, as revengers in the storm and in dogs and other beasties which may bite us. Thus, it is, that the monster creeping in at the window to come and hurt the sleeping child, is the incarnation of the wish that the new baby fall ill and die, or that father break a leg. When anger and frustration can be expressed openly and can be accepted as legitimate,nightmares should be rare occurances.

STAGE IV - Industry versus Inferiority

During six and eleven years of age, the primary school years, children enter the stage which Erikson has described as one of Industry versus Inferiority. Freud has labelled this period Latency, as in his theory it meant the years of relative calm between infantile and (adolescent) genital sexuality. For Freud, the child's personality was now determined, the ego fully developed, with the superego in place. Secure in parental love and esteem the child now turns from their example to that of the teacher's. Physical and intellectual energies are concen-

trated on the mastery of new skills. But fear of failure, socially or academically, may prove dangerous and produce feelings of inferiority.

The peer-group assumes great importance and its approval is avidly sought. This approval depends on the ability to blend with the group, to be a good sport and to display fairness. The purposes of the group is as much the exclusion from it as inclusion in it. Grounds for exclusion vary widely. A group of average achievers may consider a bright, studious child a swat or a dull one a dunce. A gentle boy who prefers reading or playing chess to rugby union or league will have a hard time of it at play or lunch-time. It requires great fortitude to withstand the scorn of one's peers. I remember being immensely impressed on seeing an eight-year-old boy who sat serenely knitting at play-time on a bench in the school playground. His parents appeared to have done a good job in making him feel fully entitled to engage in whatever pasttime pleased him.

With loving and interested parents and other family members in the background, the challenge of the new environment of the school with it's challenges can be met. But many children lack this support. I am thinking of a boy who has two mothers, two fathers, and six pseudo-siblings. One of the fathers is a great out-doors type who continually takes the family on picnics, all the while deriding the boy's real father who likes to stay at home, to read, and to watch TV. His stepfather's derision of his natural father makes identification with either of these men difficult for the boy. He gets no support from his teacher as he is failing at school, and, in order to impress his peers, he plays the clown in class. He thus fails on all fronts and his feelings of inferiority are constantly reinforced.

Even more devastating can be the state of affairs in families where a high degree of competition for academic excellence exists. Children are made to feel that their parents' love for them depends on coming first in class, winning prizes, scholarships and trophies. Endless comparisons are made between the children. The fact is overlooked that they are all talented in their own way, but each child's talents may lie in a different field from that of the other's. The task of the parents and the teachers is to develop the individual in the child and to discover the special gift in each, to help develop this gift and, with it, the child's uniqueness, and foster his or her feeling of worth.

Parental love should be felt by the child to go beyond achievement of any sort.

If all fails, children resort to strange means to get themselves noticed. Bowlby said somewhere "It is little comfort to someone whose bicycle was stolen to know that the thief was looking for his mother".

Much thieving by school-age children is a means of drawing attention to themselves, even if this is negative. One eleven year old boy, during the great pre-Christmas shopping rush, put a pair of earrings and a bangle in his pocket at Woolworths, making no effort to conceal his crime. It was a very successful manoeuvre. After the usual sequence of events: Police, Mother and Father's involvement, he was brought to the family doctor. Both parents had been heavily involved in work. Father, sadly, had long despaired of the boy's future and had left all concern for his education to Mother, but she was busy, too. Suddenly both parents had to sit up and take notice of this child. He had, in fact, a learning difficulty which prevented him from understanding what he read. All his schoolwork was affected by this disability. He is bright and had become painfully aware of his problem which was not recognized at school. He suffered badly from his father's loss of interest in him once his early promise of success at school was not fulfilled, harbouring feelings of inferiority and worthless-

ness. This affected his peer-relationships. Youngsters did not want him in their group, or so he thought, because he was dumb.

After a thorough cognitive assessment and the beginning of remedial work, an almost miraculous change has come over the boy. He regained confidence in himself, his school work is picking up, and he has friends. The parents also are re-learning their roles.

But friends and parents are not always enough. Here is what an eight-year-old Canadian child had to say:

Everyone should have a grandmother

"A grandmother is a lady who has no children of her own, so she likes other people's boys and girls. Grandmas don't have anything to do, only be there. They never say "Hurry up". Usually they are fat, but not too fat to tie up our shoe laces. They can answer questions, why dogs hate cats and why God isn't married. Everyone should try to have a grandma, especially if you don't have television, because grandmas are the only grown-ups who always have time."

Conclusion

There are many theories, there are many families, many worlds. We all adapt and adjust to our environment in accordance with our innate abilities, with our personal style and with the help of parents, siblings, teachers and friends. To quote Freud again: "A happy outcome depends on how much love we have received from our parents". And leave you with the following piece of wisdom.

Children Learn What they Live

If children live with criticism, they learn to condemn,
If children live with hostility, they learn to fight,
If children live with ridicule, they learn to be shy,
If children live with shame, they learn to feel guilty,
If children live with tolerance, they learn to be patient,
If children live with praise, they learn to appreciate,
If children live with fairness, they learn justice,
If children live with security, they learn to have faith,
If children live with approval, they learn to like themselves,
If children live with acceptance and friendship, they learn to find love in the world.

Anon

Based on a seminar given at Newcastle University, April 1986

Editor's Note:

Many of the traditional theories briefly outlined in this paper have been challenged by recent research. Substantiated controversy is invited.

APPENDIX I

Rough Age Groups	Freud: Psycho-Sexual Development	Erikson: Psycho-Social Development
0 18 months	Oral Stage	Trust versus Mistrust
18 months - 3 years	Anal Stage	Autonomy versus Shame and Doubt
3 - 5 years	Phallic Stage Oedipus/Electra Complexes Superego	Initiative versus Guilt
6 - 11 years	Latency Psychic Energy into Learning	Industry versus Inferiority
> 12 years	Genital Stage Maturing Sexuality	Identity versus Role Diffusion
	Adulthood - the ability to love and work	Intimacy versus Isolation
	The Ego's Defence Mechanisms: Repression Projection Regression Fixation Reaction Formation Sublimation	Generativity versus Stagnation Integrity versus Despair

APPENDIX II

Item 37 in the NEONATAL BEHAVIOUR ASSESSMENT SCALE

T Berry Brazelton
Clinics in Developmental Medicine
N 88

Reinforcement Value of the Infant's Behaviour:

1. Moderately aversive throughout examination

   Examiner glad to be finished

2. Mildly aversive but never emits really rewarding behaviour

3. Aversive with brief periods of rewarding behaviour

   Examiner is left with a slightly negative opinion of the baby

etc.

6. Moderately rewarding — Examiner likes the baby !!!!

9. Very rewarding behaviour throughout

   This baby would be enjoyable to take home ...

The infant is seen as an active participant in a dynamic situation

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